

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90022 040 \*\*\*150.00

**DOCUMENT # P99000081954**

1. Entity Name

**MAIN STREET CLEANERS INVESTORS, INC.**

Principal Place of Business

~~3900 CLARK ROAD~~ **1679 MAIN ST**  
~~BUILDING 2B~~  
**SARASOTA FL 34238**

Mailing Address

**3900 CLARK ROAD**  
**BUILDING 2B**  
**SARASOTA FL 34238**

**728311**

2. Principal Place of Business

**1679 MAIN ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

4. FEI Number

**65-0947386**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DESJARLAIS, MARY L ESQ.**  
**7029 SO. TAMiami TRAIL**  
**SUITE A**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **STEUER, MICHAEL**  
STREET ADDRESS **3900 CLARK ROAD**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **STD** ☐ Delete  
NAME **STEUER, IRENA**  
STREET ADDRESS **3900 CLARK ROAD**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **V** ☐ Delete  
NAME **SHORT, JOYCE D**  
STREET ADDRESS **3213 KEY AVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other Ika empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL STEUER 2-28-01**

Date

Daytime Phone #

CR2E034 (10/00)